



Copy of Registration: _____ Approved by: _____ District: _____ Date: _____

License No: _____ Amt. Pd: _____ Check No: _____ Date: _____

Manchester Health Department
1528 Elm St., Manchester, NH 03101
Tel: (603) 624-6466, Fax: (603) 628-6004

MOBILE FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Name of Establishment _____ Tel: _____

Address: _____ City: _____ Zip: _____ Fax: _____

Plate #: _____ Color: _____ Make: _____ Model: _____ Vin #: _____

Owner: _____ Address: _____ Tel: _____

(Individual, partnership, Inc., Co., LLC.)

Email address: _____

Operator/Driver: _____ Tel #: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Food safety seminar attendee: _____ Date attended: _____

Warehousing and storage location/address: _____

CLASSIFICATION OF FOOD ESTABLISHMENT PERMIT FEE

() Class II Canteen and Mobile Food Vendor Commissary (food preparation area)\$ 330.00

() Class III Individual Mobile Establishment: Canteen Truck..... \$ 200.00

() RENEWAL LATE FEE: In addition to the above, for any renewal received
after the tenth day of the month following expiration of license \$ 25.00

Name of Commissary and Daily servicing time: _____

Manchester Route: Please fill out name, address and time of stops in Manchester

| Time of Arrival | Time of Departure | Name of Business | Address of Business |
|-----------------|-------------------|------------------|---------------------|
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SIGNATURE: _____ **DATE:** _____

Licenses will not be issued unless this application and attached sheets are completely filled.

| Please List | Please State Yes/No | Please State Yes/No | Describe | Please State Hot/Cold | Please State Hot/Cold |
|---------------|---------------------------|---------------------------|-----------------------|-----------------------------|-----------------------------|
| Food Item(s): | Off Site Prep | On Site Prep | Cooking Procedures | Holding | Serving |
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THIS FORM REQUIRED FROM ALL MOBILE VENDORS WHO PREPARE FOODS

MOBILE FOOD SERVICE ESTABLISHMENT - COMMISSARY CERTIFICATE

NOTE: The NH Sanitary Food Code and the City of Manchester Ordinance relative to the Licensing of Food Establishments requires that all food served by mobile vendors be prepared in an approved and licensed commissary. (A commissary is defined as a "catering establishment, restaurant, or any other place in which food, containers, or supplies are kept, handled, prepared, packaged, or stored.")

Mobile Food Establishment operators who prepare foods must submit the following certificate before the Health Department may issue a permit to operate:

* If the Commissary is located outside of Manchester, a copy of the commissary's permit to operate and most recent inspection are required.

NAME & ADDRESS OF COMMISSARY: _____

OWNER OF COMMISSARY: _____
(Please Print)

If owner of the commissary is an individual other than the operator, then the following must be completed:

I hereby certify that I have given permission to _____

(Canteen owner)

to prepare food and clean and sanitize equipment in my premises at _____

Name

Address

I understand that I am responsible for the wholesomeness and quality of food as it relates to preparation in my establishment, and certify that my establishment meets requirements of the NH Sanitary Food Code.

(Commissary Owner) Signature: _____

Title: _____

Date: _____

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**THIS FORM REQUIRED FROM ALL MOBILE VENDORS
WHO SELL PACKAGED FOODS**

MOBILE FOOD SERVICE ESTABLISHMENT - PREPARED FOODS CERTIFICATE

NOTE: The NH Sanitary Food Code allows the operation of mobile food establishments without a commissary PROVIDING that all food products are pre-packaged at an approved commissary. If a mobile food establishment does not operate out of a commissary, then the following statement is required from all suppliers of sandwiches, pastries, prepared foods, etc. (This is not necessary for candy, packaged cupcakes, packaged potato chips, packaged drinks, etc.)

SUPPLIER OF PREPACKAGED FOODS

I hereby certify that I supply _____
with the following food products: **(Canteen Owner)**

I further certify that my establishment meets requirements of the NH Sanitary Food Code.

Supplier/Provider Name and Address: _____

Signature: _____

Title: _____

Date: _____

***The Health Department may require a current inspection report from an appropriate State or local health authority.**

PART He-P 2326 MOBILE FOOD UNITS AND PUSHCARTS

He-P 2326.01 Requirements Based on Type of Food Served

- (a) Mobile food units shall display their department license numbers, in numerals no less than two inches in height, on the driver's side door no lower than two inches above the bottom of the door.
- (b) Mobile food units shall be required to meet only the following requirements, based on the type of food served.
 - (1) Mobile food units serving unwrapped, potentially hazardous food shall:
 - a. Comply with He-P 2304, He-P 2305, He-P 2306, He-P 2307, He-P 2317, He-P 2326.04 and He-P 2326.05; and
 - b. Provide:
 - 1. Water which complies with He-P 2311, if from a private source;
 - 2. Hot and cold water under pressure;
 - 3. Protection against contamination, as required by He-P 2304.30;
 - 4. A hand wash sink which complies with He-P 2314.03(a)(2);
 - 5. A three-compartment sink or a licensed commissary at which utensils can be washed daily; and
 - 6. Protection for all outer openings against the entrance of insects, as required by He-P 2316.01(d).